

Independent Review Board

STATE OF WISCONSIN

MINUTES OF THE MEETING OF MAY 20, 2005

Board Members Present: Chair Dr. Jay Gold; Eileen Mallow; Dr. David Zimmerman

Board Members Absent: Vice-Chair Dr. Paul Millea; Jerry Popowski

Bureau of Health Information and Policy Staff: Susan Wood, Director; Judith Nugent, Chief, Health Care Information Section; Wen-Jan Tuan; Kim Gonzalez; Stacia Jankowski

Others Present: Cindy Helstad, Wisconsin Medical Society; Kathy Elliott O'Neil, Group Health Cooperative; Kate Wade, Legislative Audit Bureau; Jeff Ripp, Legislative Audit Bureau

Call to Order

Dr. Jay Gold called the meeting to order at 9:45 a.m. Quorum deemed present with three members.

Minutes of the March 29, 2005 meeting

Motion to approve by Dr. Gold; seconded by Dr. David Zimmerman. Motion carried.

Public Health Council - update

Susan Wood reported that the Public Health Council has established three committees to focus on the Council's charge, which includes the Executive, State Health Plan, and Emergency Preparedness committees. At the Council's meeting in April, the Council heard reports on tobacco control and funding for the WIC program. Ms. Wood reported that the Council took action on the tobacco control issue, in the form of a resolution that has been finalized and shared with the Legislature. The next meeting is June 10, 2005, and will include information and priorities from the State Health Plan and Emergency Preparedness committees.

Physician Office Visit (POV) Data

Audit discussion with the Legislative Audit Bureau (LAB)

Kate Wade and Jeff Ripp of the Legislative Audit Bureau (LAB) were present to discuss the recently released audit report and answer questions from the Board. Ms. Wade explained that as part of the audit, the audit team met with interested legislators and other interested parties, and completed phone and in-person meetings with both those that submit the data and those that use the data.

She said that the results were sent through a comprehensive review process including a peer review. After completion of the field work, a letter report was drafted. She explained that a letter report is less formal than a full report, and was done to expedite the process in light of the budget discussions. When the letter is released, all documents are released simultaneously to the public and the Legislature.

Ms. Wade reported that there were no underlined recommendations in the letter. Underlining identifies recommendations that LAB strongly believes need to happen and can be directed to the Department, Legislature, or both the Legislature and Department.

Ms. Wade explained that typically an audit examines staffing levels, expenditures, and revenue. She reported that there were a few results that were of concern including:

1. Staffing levels were lower than authorized.
2. The budget set for 2004-2005 was greater than the revenue the physician fees could generate.
3. No timeline had been established for going statewide with data collection.

4. There was a period in which the Department suspended review of the error reports, when error rates were observed ranging from 6 percent to over 25 percent.
5. Inconsistency in the data that was reported affected the utility of the data.
6. Concern among data users that they could not use the data for the intended purpose. The conclusion was that in order to make the data useful, the data users would need to come to the IRB with special data requests.
7. The Department has not yet created any standard data reports, as required by statute. Ms. Wade explained that “standard data reports” were interpreted to mean any reports that were targeted to non-medical staff.

The Joint Finance Committee acted earlier in the week and asked the Department to follow through on the recommendations included in the letter report on page 16.

Dr. Gold asked if the LAB had any recommendations on how the Board responds to individual data requests. Mr. Ripp said that LAB was not in a position make a recommendations on what to release, but had received information from data users about the need for more information and a consistent process for handling individual requests.

Dr. Zimmerman asked if the auditors had spoken to members of the IRB, and if so whom. Mr. Ripp said they had spoken to Jerry Popowski and members of the Board on Health Care Information (BHCI). Ms. Wade said that her understanding was that the BHCI is responsible for policy-related decisions, and was therefore ultimately responsible for the data. Staff will be looking into the statutes that created each of these boards, and seek legal counsel if necessary, to more clearly outline the role of each board.

Dr. Zimmerman asked if any analysis had been done on the percentage or coverage of services represented by the original 13 submitters (x% of the state). Mr. Ripp relied that this was not done; because without access to the private corporation’s data, there was no way that this information could be collected. Dr. Zimmerman noted that although this would have been difficult to answer, it would have been valuable to raise the question in the audit report, because the report refers to the limited number of submitters. In looking at the map of coverage, these 13 providers cover a large area of the state.

Cindy Helstad asked if the 12.8 FTEs authorized position level less the 6.2 FTEs reported staff time spent on POV meant that there were an additional 6.4 FTEs that could be directed to addressing the reliability and validity issues cited in the report. Ms. Wood responded that the Department will devote the available staff resources towards the activities cited in the report, but have had to take additional steps to prioritize how the staff has spent the time. While the 12.8 FTEs represent the authorized position level, these positions are already being used for other projects being funded by the physician assessment (e.g., the workforce survey or collecting the assessments) or other funded projects.

Dr. Zimmerman asked what the basis was for the statement on page 16 of the letter report regarding serious concerns about data quality. Mr. Ripp directed the Board to page 9 for information to support this statement. He said that there were some differences in how Medicare charges are reported, which would not be understood by the general public. One example Mr Ripp provided was that there were records that were reported under a physician’s ID, but the service was in fact provided by a nurse practitioner or physician’s assistant. It was noted that the system was not designed to capture this data, and the submitters have different practices in providing this data.

Ms. Wood distributed the Department’s response to LAB on the audit. She explained that Secretary Nelson acknowledged the limitations of the current system and appreciated the timeliness of the review in looking at public-private partnerships for collecting health care data.

Data Collection

Judith Nugent reported that the new POV system software is now in use. Staff in the Bureau of Health Information and Policy (BHIP) have trained the 13 data submitters over the past six weeks on how to use the system. Submitters send two types of files, affiliation records (for physicians with the submitting organization) and service records. The affiliation records need to be included to ensure that none of the service records are rejected. Ms. Nugent reported that the affiliation records are being cleaned up, and close to all 13 submitters have submitted their service records for the fourth reporting period of 2005.

Data Release/Marketing Update

Ms. Nugent reported that they have received no new custom data requests, but instead have been focused on getting the public data released. All members should have received the revised data guide in their packets. This data user guide is being sent out to the current and past data requestors. It includes special pricing for the enhanced public use data sets for 2003. Ms. Nugent reported that Wen-Jan Tuan has met with Department epidemiologists to explain the enhanced public use data.

Twenty-five organizations asked for data for at least one of the reporting periods in 2003, and two epidemiologists within the Department are using the public use and the enhanced data sets. Three of the original 25 data users have requested data for at least one reporting period in 2004 and one epidemiologist in the Department is using the standard and enhanced data sets. Ms. Nugent suggested that the 25 organizations that received the 2003 data were looking for specific information (zip codes, etc), similar to data in the hospital data sets. Based on this information, BHIP is trying to market the enhanced data elements to these organizations. Ms. Nugent reported that the standard data set costs \$75, and the enhanced data set for 2003 (full year) costs \$500.

Ms. Nugent reported that one of the approved custom data requests was used for research on colorectal cancer by Dr. Rachel Calcut. The data is being prepared for publication, and will be reviewed through a peer review process prior to publication. Ms. Nugent reported that this will result in the data being introduced to the research community. Ms. Nugent will provide these publications to the Board as they are released.

Mr. Tuan provided copies of a presentation that was given to a technical advisory group to see if they could validate the process. The response from the technical advisory group was to affirm the methodology and the additional data elements.

Mr. Tuan reported that there are 80 service data elements; some of which can be released based on statutory requirements while others cannot. He said that a number of requests have come in to the Department to address patient-level analysis. Mr. Tuan explained that the presentation that had been distributed provides a brief overview of how the patient-level elements were created using five elements (provider organization, patient medical record number, encrypted case identifier, patient birth date, and patient sex code). He explained that ultimately there were three methods for creating a patient record: using all five elements; using the organization and medical record number; or using the case ID, sex, and birth date. Mr. Tuan said that BHIP staff has done a great deal of evaluation on each of these three methods, but as researchers cannot recommend one method as better than the others. He said that BHIP staff encourages requestors to validate which method works best for their needs. There was a similar discussion regarding creation of the "visit" data, also included in the presentation material provided by Mr. Tuan.

Dr. Zimmerman asked for clarification regarding the provider-created identifier, and asked if this can be used. Mr. Tuan clarified that using the provider-created identifier is considered the "gold standard." He had received 100 percent match for one organization when compared to this standard.

Ms. Nugent informed the Board that the 2005 physician assessment process is underway. There are two parts to the process: 1) Contact medical groups and offices that have prepaid in the past to inform them about the process to do this again, and 2) Contact the physicians by mail that are remaining after

excluding those that have prepaid. Ms. Nugent reported that there has been a good response rate. Ms. Mallow asked what the penalties are when a physician does not pay the assessment fee. Ms. Nugent reported that by law nonpayment is subject to sanctions, but the Department has not chosen to exercise this option to date. A follow-up letter is sent if payment is not received within a specified period of time.

Physician identifiers on the public use data sets

Dr. Gold explained that this item was on the agenda because the IRB agreed to discuss it in six months. He requested that the Board consider postponing this discussion until all the members were present. All members present agreed.

Transition Planning

Ms. Wood explained that the Joint Finance Committee voted to reject the Governor's budget proposal to create a new board. Ms. Wood provided a document that summarized all the health care information items adopted by the Joint Finance Committee. One item was the requirement for DHFS to provide reports on POV to the Joint Audit Committee and the Joint Finance Committee. Ms. Wood said that the Department will make a report to the IRB prior to reporting to these committees, at the end of November 2005.

Ms. Helstad said there is an initiative being explored by the Wisconsin Medical Society to identify all physicians in Wisconsin and their credentials in an effort to create one source for all this information, but the intent was not to collect information on services provided.

Potential items for upcoming IRB meeting

- POV audit and DHFS response to the POV audit—discussion
- Physician identifiers on the public use data sets—discussion
- Lay out the roles and responsibilities of IRB and BHCI

Next IRB meeting

Two members can't make the July 15, 2005 meeting. The preferred date for members present is Thursday, July 7, 2005, preferably 10:00 – 12:00.

The next meeting is now scheduled for July 7, 2005 from 10:00 a.m. until 12:00 p.m. in room 372 at 1 West Wilson Street, Madison.

Adjournment

Dr. Gold adjourned the meeting at 10:59 a.m.